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| APPLICATION NO. FILING DATE FIRST NAMED INVE | | | | ENTOR | FOR ATTORNEY DOCKET NO. CONFIRMATION NO. | | | |
| 10/688,873 | 10/21/2003 | L | Hideyuki Kanz | awa | -0023-2 TTTP 9360 | | | |
| ITLE OF INVENTION: CONTACT PLUG PROCESSING AND A CONTACT PLUG | | | | 0717-0523P | | | | |
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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | | 09/08/2006 | |
| EXAMINER A | | | т | CLASS-SUBCLASS | | | | |
| LIU, BENJAMIN T | | | 257-774000 | | | | | |
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| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of or agents OR, alternative forms of a gents OR, alternative forms of a gent of a g | | | | of up to 3 registered pate lternatively, | ematively | | | |
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| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attom 2 registered attom 2 registered attom isted, no name | | | | nt attorneys or agents. If no name is 3 | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Sharp Kabushiki Kaisha Osaka, Japan | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 1942 Corporation of other private group entity of Government | | | | | | | | |
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| Authorized Signature | man | | # 39,491 | Date Se | ptember | 6, 2006 | | |
| | Terrell C. Bi | rch | p - 11 (/ | | No. 19, | | | |
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